Statutory Due Date 10/19/2002

Adjusted Due Date 10/21/2002

Received Date 10/22/2002 Postmark Date 10/21/2002

Amended 06/05/2003

FORM DR-2: Disclosure Summary Page

Status: Amended ID #: 1400

Committee: Upmeyer for House

Comm Type: State House Date Due: 10/19/2002

Report Year: 2002

Treasurer: Dorothy DeVary

Primary Ph. (641)923-2070 Secondary Ph. ()-

Commence of the Commence of th

Chair: Linda L Upmeyer

Primary Ph. (641)923-3398 Secondary Ph. ()-

County: NA

Amended: 6/5/03

Statement of Cash on Hand

Statement of Cash on Hand	Cash on Hand at Start of Period	\$246.18
	Schedule A: Cash contributions Total	\$20,351.38
	Schedule F: Loans Received Total	\$0.00
	Schedule H: Campaign Property Sales	\$0.00
	SUB-TOTAL	\$20,597.56
	Schedule B: Expenditure Total	\$16,257.54
	Schedule F: Cash Loan Repayments	
	Cash on Hand At End of Period	4,340.02

Additional Assets and Liabilities

Loans in Place at Start of Period	\$600.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$5,149.75
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$600.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

7002 0860 0008 4499 6775 FOR INSTRUCTIONS. SEE BACK OF FORM **FORM** DISCLOSURE SUMMARY PAGE DR-2 **DISCLOSURE** COMMITTEE NAME (Must be same as on Statement of Organization) (Rev. 05/2002) REPORT For Office Use Only Comm. # IMPORTANT: Indicate type of committee you are reporting for: Indexed (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate Audited (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee 8)Support Slate of Candidates Computer CANDIDATE COMMITTEES ONLY: Candidate Name Political Part pm 10-21 District (if Senate or House) OCT 2 2 2002 SIGNATURE OF TREA SURER (or person filing this report) Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one (report date) ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election County & Local Committees, enter County in Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

YES X NO

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 00/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	_	CK THIS BOX IF NDING FORM
Cymaga 101 Miller	L	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	1/22/02	ID# 6069 CK# 1889	11 PAC 904 Walnut, Suite 100 Des Moines, 1A 50309		\$ 500-00	
_	1/22/02	ID# CK#	Codar Rapids, 14 52403	<u>s</u>	100.00	
//	123/	ID# CK# ID#	Mil & Joyce Janes Moson Cety 1A 50401	100000	100.00	V
	125/02	CK#11692	Mason Peter, 14 50401	sefund for over- lanaral	11.38	
	0/2/02	CK#	1235 Fint Ceve.		50.00	~
V	8/2/02	ID# CK#	Toni Ebeling 100 4th aye, IN. Clear Kake, 145042	S	100.00	u
L	8/2/02	ID# CK#	Roger Retter 3504N. Shore De Pleas Bake, 1A' 50428		50.00	
V	8/2/02	ID# CK#	Det Harlan 137 Parkridge DI mason Cety 1A Sour	1	25.00	~
V	8/2/02	ID# CK#	Charles J. Clarker 1905 N. Shore Di Class Habe A 50428		50.80	
V	8/2/02	ID# CK#	Maynard & Barbora & 3509 N. Shore DI.	eyev 25	50,00	~
			TOTAL (if last page		/s/ 01.38 s	
	committee. Relation	onship must be shown to the	es to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relatives)	tives by	. 1 of	19

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(INEV. 00/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)		NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE INCOM
18/2/00	ID#	Jack. W. Davis 15458 Bairide ave		\$	ii (Con
01	ID#	Clear Spele, 1A 50428	•	25.00	
8/2/02	CK#	Betty Lessent De	,	45.00	4
81.1	ID#	Merlin D. Plasae		35,00	
12/02	CK#	Stuffield 14 5015		35.00	
18/2/	ID#	Catharine Kadrlet			
81	ID#	Cearner, 14 50438		50.00	
8/2/02	Ск#	1 806 Elling DIA ST	16	25.00	
8/2/12	ID# CK#	Sterling & Rita Spang			
9,	ID#	Bill x May and Bolo	ski	100.00	
102	CK#	clear rube A 5042	&	50.00	_
8/2/00	ID#	Nale andres 3647 N. Shore Dr.	5	4-0-73	
S/2/	ID#	Nack & Jean torgeson	<i>)</i>	150.00	
100	CK#	Manly, 1A 50456		100.00	
8/2/1=	ID#	Tom & Sinda Schael	~		
100		Mason City 1A 50401	SUB-TOTAL	100.00	
		TOTAL (if last page o		\$ 600.0	ク
* Disclosure law	requires candidate committe	es to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relati	n to the	\$. Q/

marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of // (for Schedule A)

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF	CONTRIBUTOR	RELATIONSHIP	AMOUNT	/ 15 500
	RECEIVED	(if applicable)	NAME AND ADDRESS OF	CONTRIBUTOR	TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
	(MM/DD/YR)	AND PAC CHECK NUMBER			(if applicable)		RAISER INCOME
	Blak	ID#	Curtin Burgo	sbo.			
\searrow	12/22	CK#	140/ N. Shore	U1. 10. 1A 5012	D D	100,00	<i></i>
	8/1	ID#	1 in Coon	L'to m trick	,	700,00	
	102	CK#	14 Liap Rd	"A SOUDE		100.00	~
	Alm	ID#	Dan and Morri	ison		700.00	
V	100	CK#	3638N. Shore	DI. 50428	-	2500	
	8/	ID#	may Mass	001)		7,5 5	
	12/	CK#	104 35th P	I West 14 5042	A	35.00	
	Bul	ID#	Bar Schn	red +	<u> </u>	0,000	
V	12/02	CK#	in fall View	DC+. A 50438		100.00	, -
	/4,,	ID#	Diane 10) oid		<u></u>		
\bigvee	12/02	CK#	519 175 54	IA 50428	•	50.00	-
	81,	ID#	Come Coardne	en			
\vee	11/02	CK#	430 - 46 Th	St. Pl.		100.00	_
	81.1	ID#	Comes Needle	t			
V	11/02	CK#	411 15 show	ELLIA 50	Q8	100.00	
١.	81,1	ID#	Ray Newitt	00.101			
4	"102	CK#	13 Country	14 5042	8	100-00	~
١. [81.1	ID#	mark Killy	4.		, 	
	11/02	ÆK#	2607E. Jak	14 504	82	100.00	~
				7	SUB-TOTAL	6 6 0 0 D)
				TOTAL (if last page	of this schedule)	\$ 800.0	
	* Disclosure law rec	ulires candidate committe	es to disclose the relationship of any r	ralative making a contributio	n to the	\$	
	committee Relatio	nehin must be shown to th	es to disclose the relationship of any r	d rolativos) and affinity (rolati	into tile	_	\mathcal{O}

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 19 (for Schedule A)

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF NDING FORM

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	8/1/02	ID# CK#	Mike Heipfer 16845 237 al. Spirit Lake, 1A 513	34	\$ 50.00	_
V	813/02	ID# CK#	Jayre Me Donald	•	25.00	_
	8/3/02	ID# CK#	Jois Nieman ave 16537 Balsan ave	72	100.00	~
	8/3/02	ID# CK#	Sen Thain Schneid 5256 Jakeview D. Clear fake, 14 50428	W	<i>35.00</i>	V
レ	8/3/02	ID#	1000 Carolyn Benjegere 1000 Cefy, Ja 50401		50.00	V
\checkmark	8/3/02	CK#	Mason City, A Soys	/	180.00	~
اسا	13/02	CK#	410 200 PL. 5W maxon City /A Sou)/	25.00	<u> </u>
	8/3/02	CK#	93 Granada DI, mason Cite, 1A 504) '	25.00	L
	0/3/02	CK#	Celeny time Columna 1835 210 5t. Colonia, 1A 50438	<i></i>	25.00	_
i.	8/3/02	CK#	2063 200th 5t, Carner, la 50438	SUB-TOTAL	25.00	
	* Disclosure law rec	quires candidate committe	TOTAL (if last page of	of this schedule)	\$450.00	, Q

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of____

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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8/3/62	ID# CK#	Sinda x Craig Wharman	Ü	\$	
162	ID#	Wenters, 14 50482		25.00	
10/5/02	СК#	4400 62 nd St. (503)	2)	25.00	
8/5/	ID# CK#	Sois Kots			
13/02	ID#	Mentina, 1A 50482		100.00	<u></u>
18/5/02	CK#	13 Ridgewood Rd. Fort Madison, 1A 52627	,	100.00	_
8/6/	ID#	Justin Synnae Fatha			
102	ID#	Consold & Suision Jana		50-00	
96/02	CK#	1895 Hway 69 Marnes 14 50438		50-00	4
8/6/	ID# CK#	martha Taylor			
8/02	ID#	Masonaity, 1A 50401		100-00	
96/02	CK#	15494-220 St. 1A 50401		25.00	4
2/6/	ID# . CK#	Paul & Knis Stevenson			1-
102 8k1	ID#	Clear Fake, 1A 50428		100.00	
20/912	_CK#	Colernes, Ja 50438		26.00	
		TOTAL (if last page o	SUB-TOTAL f this schedule)	\$600.00	
committee. Relation	onship must be shown to t	ees to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relatives) and contributor is the same as candidate, but there is no	to the es by	\$ of /	19

marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of / (for Schedule A)

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) LONGLE TO HOUSE	_	CK THIS BOX IF NDING FORM

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	(MM/DD/YR)	AND PAC CHECK NUMBER	0.	(if applicable)		RAISER INCOME
ı	8/11/	ID#	Ulillard + Oladip Ossel		\$	
	100	CK#	Vintura, 1A 50482		10.00	
	81.	ID#	Condon 18 10 mts.			
2	16/02	CK#	Clear Habe, 14 50428		25.00	2
	81	ID#	nance Ekilford			
4	16/02	CK#	(2001 Sake Jake 1A 50428		35.00	2
,	8/10/	ID#	Clark & Phyllis Picky			
1	102	CK#	126 Cedar Circle		50.00	~
	8/10/	ID#	Brent Sinka Scarre	ew		
	1102	CK#	Clear SWRI, 1H SOU28)	25.00	$ \mathcal{C} $
,	8/1/	ID#	Delores Cherly			
4	11/02	CK#	MaxonCity, 1A SUUL		50.00	
	8/11	ID#	Doma Fulleigh			
	11/02	CK#	11 N 36 4 St. 14 S0428		100-00	~
	8/21	ID#	Charles & Jackie Colok			
7	1100	_CK#	1802 420 14 50428		50.00	u
1	Sln 1	ID#	David Fisher		٠.	
\mathcal{I}	10/02	CK#	POBOX 1460 JA 50306)	50.00	~
,]	Stall	ID#		QQ		
4	10/02	CK#	13345 Blacklocust Clay	2	50-00	_
				SUB-TOTAL	.425 or	

TOTAL (if last page of this schedule)
of any relative making a contribution to the

Page of (for-Schedule A)

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	3. 33	TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
	Dla.	ID#	James E. Coonlees Ir			INCOME
V	0/8/02	CK#	Jan 1 St ave NW, POBEX3	97	\$ 100.00	
	8101	ID#	Louis Ostendord		700.00	
u	0/9/02	CK#	Margarier IA 60457		25.00	
	18/21	ID#	Bill Mushia Damillon		010.00	
V	079/	CK#	1216 Hardin Pa		2500	<i>`</i>
	8101	ID#	Re OD & Rosemanes Hopen		200	
1	0/9/0-	CK#	PO BOX429		250-00	
	8/0.	ID#	Charlie Kathy melled			
V	102	_CK#	POBOX643 Manon Ceta, 1A 50402		160 - ON	2
	8/01	ID#	Juliet Tom Berdsall			
V	19/02	CK#	Mason City 14 50401		30.00	_
	8101	ID#	Corine, Hadley			
V	102	CK#	1605 6th away.		75.00	
	8/01	ID#	Hallione Jolas			
V	19/02	CK#	4026 240th St. 11 lear Habe. 1A 5042	7	25.00	_
	8/12/	ID# (Mary Ellen Miller			
<i>\</i>	19/02	CK#	non City 14 500/		25,00	
	8101	ID#	Prin & Line Basillas			
	19/02	CK#	3404N- Shore Di.		50-00	4
				SUB-TOTAL	\$ 205.00	
			TOTAL (if last page o	of this schedule)	\$	
	* Disclosure law recommittee. Relation	quires candidate committe inship must be shown to th	es to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relat	n to the ives by	1	19

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____of ______

SCHEDULE

C

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	· —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IEA CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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V	8/9/02	NUMBER ID# -CK#	Regard Berry D. #	?5	\$ 35-00	INCOME
	8/9/21	ID#	Verry Pam Colo		2	ν
	8 fa 1	ID#	Clan FORD, 1A 50428	n Lenare	100-00	
V	8102	CK#	Clean Anks, 1A 50428		100-CO	
V	19/02	CK#	114N. Pappieer M.	ρ	200.00	
i/	8/9/02	ID# CK#	Wording Clarke 43145 Shore D. Boar fake 14 50421		100-00	
\.' <i>\</i>	29/03	ID# CK#	Dr. Bellerley Nelson Torba 3107 Fulderest Ct.	1	do 0.6	//
	8/10/	ID#	Marchaeltown, 14 5015 Nancy Win Watson 3000 N- Shore M.	8	0000	
, T	8/13/	ID#	Ollar Habe, 1A 50428 Onegy fulie Mecholas		35.00	4
	11702	CK#	1308 W. Show Dr. Clear Hobe, 14 50428 Dendux Francis (ram		100.00	
1	9/13/02	CK#	Clar July, 1A 50428		100.00	~
	8/13/02	ID# _CK#	Pat & Coene (Calasso 314 N. 4th St. 78001 50428		100 - 00	_
			TOTAL (if last page of	SUB-TOTAL	\$1000.00)
	* Disclosure law red	quires candidate committe	es to disclose the relationship of any relative making a contribution	•	\$	α

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Amelylic Color	_	CK THIS BOX IF NDING FORM

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	DATE RECEIVED	PAC ID NUMBER (if applicable)		RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
	(MM/DD/YR)	AND PÁC CHECK NUMBER		(if applicable)		RAISER INCOME
x /	8/121	ID#	Lever + Van Jurgens		\$	
V	113/02	CK#	3590 110 to st. 14 50479		100.00	
	8/10/	ID#	IANA-PACIJOHNKnow			
V	9/3/02	ск# /050	(1156 torest St. Carrall, 1A 51401		100.00	
	81411	ID#	Marvin Creptal Gordon			
/	12/02	CK#	Deencombe 14 505.72		50.00	i/
	8/021	ID#	Ed Rilor. coapel			
_	102	CK#	Muscatine 14 52761		500.00	
	8/001	1D#6116	Jours- net Cario Dealers			
_	123/02	ск# 1080	WDM. 1A 50265		125.00	
	81	ID#	Farry or Rence Hunsen			
	25/02	CK#	974 Killdoer Owe, Champton. 14 50441		50.00	し
	81	ID#	Roy & Alan arendo			
	125/02	CK#	Solo State St.		50.m	
	81	ID#	nike & Tanny Schwicktens	Usa		
_	127/02	CK#	Eleas Sape. 14 50420	7	100.00	\vee
	8/28/	ID#	Charles & Soulse Norsis	· · · · · · · · · · · · · · · · · · ·		
	928/	CK#	10753 285 St. 14 50401		100.00	
	8/291	ID#	Tom Hathy fatham			
	102	CK#	(00000 don 1 A 50420)		250.00	
			S S S S S S S S S S S S S S S S S S S	SUB-TOTAL		
			TOTAL (if last page of	f this sekadula	\$1425.0	\mathcal{O}
			IOIAL (II last page or	una su re uure)	\$	_

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of for Schedule A)

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
\	8/29/	ID# (6101 Ск# З246	Motor Chrier PAC - Scott POBO46121, East OM STV. Des maines 14 50309		\$ 250.00	
	8/30/	ID#	Sour Bankers Clish. Shay	resnall	B00.07	
	8/30/	ID# CK# //8 /)	Committee to Rural Devel	200 Copment		
_	8/30/	178 / ID# CK#	al He lemp Schloemer	<u>ر</u>	100-05 25.00	i
1	8/31/22	ID# CK#	1NA- Jinds (Soldner 150142 nd St. Suite 471)	25.00	
/	9/4/02	ID# (6004 Ск# 3923	Assoc. Coen Contractors PO BOX 757 (Scott) Nos Moines, 1A Se303	ewhard)	1500-00	
/	9/8/02	ID# CK#	Denny Edelards Cornis)	500	,
٦	9/8/02	ID#	Evelyn Latham Livary 10 7 alexander, 14 5027	5	25.00	~
	9/8/02	ID# CK#	Brian Miller 10. Box 533 Danston 1A 5044/		100.00	
	9/4/22	ID#	Dariell Del Carrey 204 Joura St. 10 BOX245	-	20.00	V
	,,,,		TOTAL (if last page	SUB-TOTAL of this schedule)	3620.0 s	0
	committee. Relation	inship must be shown to t	ees to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relatives) and affinity (relatives) and there is resumment of contributor is the same as candidate, but there is results.	tives by	e / O of	19

marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Messes of Committee Name (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1	9/9/02	ID# CK#	Rick Saurie de Coroct 2152 Spruce ave, Sheddield 1450475		\$ 50.00	~
	9/10/02	ID# CK#	Maury Mary & Gulbran	ر المال		
	9/11/	ID#	Maurice Shirley Vasberg		15.00	
	9/9/	CK#	Sampton 14 5044/		50.00	
	0/02	CK#	Darne 1A 50438		50.00	_
1	119/02	CK#	118-18th UU. N.E.		50.00	
\dashv	9/12/02	CK#	Murd Malere Smith 1325 Hent Sul Dang was 1450447		20.00	~
4	9/12/02	ID# CK#	Parma Casserson 6015 apri St. Box636 Fatimes AA 50452		.	
-	9/12/	ID#	Church Shakon abers		20.00	
	9/12/	ID#	Beulan Eden		50.00	
	91	CK#	1892 Eage Lul. Willy Levelin/Wave	X.	20.00	<i>L</i>
~	1/11/12	CK#	Rockwell, 14 50%9	SUB-TOTAL	40.00	V
				SUB-TUTAL	\$445.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	
	☐ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
	RECEIVED	(if applicable)	TO THE PROPERTY OF THE PROPERT	TO CANDIDATE*	RECEIVED	FUND-
	(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	O 1	ID#	Janky Mara Marves			INCOME
~	7/12	6	when he		\$	
	15/02	CK#	Sugar Sala 11 501/77		50 20	1
	0.	ID#	District State Man		$\omega.\omega$	
.—	7/13/		Kungsa & Bury cede			
	100	CK#	PO 001436 14 501/11		100,0	A
	01	ID# 6072	Litalladeresista a Delation	1-	100.00	/
	7/11/	0012	43/ E Sociest Suit Action	Comm. UPAC)		
	102	CK# 20 20	010 Maries 14 500	UPAC)	250.0	_
	<i>a</i> .	1D# /2/2/	Vacalit 110 cm DA9309		$\propto 50.06$)
	7/18/	Que l	3737 Westown Prwy			
	10/12	CK#/49/)	W. Dorthsines, 1A 50265		300-00	
	011	ID#	Day Ost and By		00,0	
	1/14/		2935 120th St.			
	102	CK#	Mussella 14 SOUST		50.00	
	0.	ID#	Red Line Atthous	,	1 30.00	
	1/.2/	CK#	131-1800 St.			
	1/02	CN#	Celiande In 1420		50.00	L
	91	ID#	Darivin & Hand Winker	+		
_	-//14/	CK#	616 th all. 500	_		
	102		Hamston, 1A 50141.		20.00	
	91	ID#	Stew & Virginia Stoc	edelo		
_	1/3/	CK#	10 94 20th auc.	~		
	101		10109 Falls, 1A 50126		50.00	2-
	9/14/	ID#	Justin & Linnal Sal	tan		
	1/17/	CK#	24-Harrinas Du	۲		
	100		Clear Sake, 14 50428		50.00	~
	9/14/	ID#	Sen. My Thyrman (as	bill		I
1	1/1/	CK#	1320 Gerch Clile.			, ,
	12		Corwith, 14 50430		50.00	
				SUB-TOTAL	\$970.00	
			TOTAL (if last page	of this schedule)	" / 0 · 0	
			(\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)	L
COMMITTEE NAME (Must be same as on Statement of Organization)	 CK THIS BOX IF NDING FORM

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
	(MM/DD/TR)	NUMBER		(if applicable)		RAISER INCOME
	9/11/	ID#	Jaomi Worton			
-	114/	CK#	POBOX3		\$	ا د۔
	100		Samston, 14 5044/		10.00	
	9/10/	ID#6291	Sowa Hospital Class PAC			
	120/01	CK# 219 2	100 E. Grand-Sutte 180		2	
	01	1D# / 6 < 9	Nestroines, 14 50309		250.00	
	9/22/	6001	Sa. Committee of Cutomoting	ees		
	102	CK# 2293	III Office Park HO (ICAR)		1,00.00	
	91-11	ID#	Lothy Ni 00		60.00	
/	1/24/	CK#	1970-1700 St.			
	102		Hampton, 1A 50441		20.00	
	9/2/	ID#	Stone - lieke Subup			
	120/00	CK#	2258 240th St.			,
	2,	ID#	Dougherly, 14 Sy33	0 1	100.00	
-	1/22/		Therein Suiley Blagg	\mathcal{O}		
	102	CK#	5/46 Mark Coll 1 4 5047	<	25.00	
	9,	ID#	Dan y Marile of the	.)	0)2.2	
Ţ	127/	CK#	1468 Balsam (140			
	102		alexander 1A 50420		200.00	2
	9/22/	ID#	Verald x Phyllis Brow	N)		
	-101/10	CK#	630 TE QUE NE		ہ ہے ا	/
	2.	ID#	Nampton, 14 5044/		25.0	0 -
	7/37/		on recent & Barbara Ha	rsen		
1	102	CK#	1344 Novy 18 5001111		50.00	· ~
	91	ID#	Robert & Sharon Sander		00.00	
~	128	CK#	520 Sp. 5th	•		·/
	102	O M	Shelfield, 1A 50475		50.00	
-			00	SUB-TOTAL	. /422	
			TOTAL (if last page of	of this schodulo)	\$/2.30	
			-	ĺ	\$	
	* Disclosure law rec	uires candidate committe	es to disclose the relationship of any relative making a contribution	to the	, 6	α

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	_	CK THIS BOX IF NDING FORM
Jameyer Sor House		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4	9-17-02	ID# CK#	EUGENE OR JANE CHRISTIANSON JASPERSON INS. & REAL ESTATE 301 MAIN, THORNTON, IA		\$ 20.00	V
1	9-17-62	ID# CK#	JERRY & JEANNE PLAGGE 302 S. REYNOLDS ST. LATIMER, LA		50,00	V
-	9-15-02	• • • •	MANUFACTURED HOUSING PAC 1400 DEAN AVE. DES MOINES, 1A		250, ^w	
-	9-17-02	ID# 6070 CK# 2778	JOWA LAWPAC 521 E. LOCUST ST., FL. 3 Ad DES MOINES, 1A		100.00	
-	9-17-02	ID# 6/25 CK# /99/	10WA REALTORS PAC 1370 NW 1144 ST. #100 CLIVE, IA		500,°°	
-	9-17-02	ID# 6062 CK# 1398	IOWA CERTIFIED PUBLIC ACCT. 950 OFFICE PARK RD SUITE 300 WEST DES MOINES, IA		300.00	
4	9-19-02	ID# CK#	CINDY DIRKSEN 100 FIRST ST. NE HAMPTON, IA		29.00	V
	9-19-02	ID# CK#	SARA H. VANWERT 1524 SPRUCE AVE HAMPTON, 1A		50.00	ν
	9-19-02	ID# CK#	BRADLEY DAVIS EIE 44 AVE, SE HAMPTON, IA		20.°°	V
	9-18-02	ID# CK#	MARVIN & SAN RODEMEYER 903 2nd AVE HAMPTON: IA		20,00	V
			•	SUB-TOTAL	1220 00	

TOTAL (if last page of this schedule)

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

1	CK THIS BOX IF IDING FORM

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	9-18-02	ID# CK#	DAVE & BECKY HANNAH 1820 HWY 3 HAMPTON, IA		\$ 20.00	V
_	9-17-02	ID# CK#	JAMES COONLEY (+10) POBOX 397 HAMPTON, 1A 50441		50.00	V
	9-19-02	ID# 6064 CK# 1522	IA. DENTAL ASS'N PAC 505 54 AVE, SUITE 333 DES MOINES, IA		200.00	
_	9-18-02	ID# 6323 CK# 2708	MASTER BUILDERS OF IA 221 PARK ST. DES MOINES, LA		500. ¹⁰⁰	
	9/28/02	ID# CK#	James E. & Jo Coorley Po Box 397 Dampton 14 50441		50.00	V
,	9/28/02	ID# CK#	Corey Eberling 1137 250 # St. 1 Shelfield 1A 50425		10.00	V
/	9/28/02	ID# CK#	Race & worstry De Vary 3 Country Club / Place 5-arner, 14 50438	aunt	25.00	V
	9/28/02	ID# CK#	Brian Miller 1456 nette aue, 100 stop 1450441		100.00	~
_	9/28/02	ID# CK#	Tem Pat Rodemeyer 1486 Jack Que. Samston, 1A 5044/		35.00	_
_	9/28/2	ID# CK#	John Schmalte 12 Brianstone Ct. 5W Mason City, 1A 50401		10.00	
1			VINE I COLO	SUB-TOTAL	\$980.00	

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TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as an Statement of Organization)		CK THIS BOX IF NDING FORM

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	DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
	(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	9/28/	ID#	Rick & Squie XX Choote		\$	
4	10/02	CK#	Shelfield, 14 50475		20.00	
ı	9/00	ID#	Joye Ostenday			
1	188/02	CK#	maseries 14 50457	aunk	20-00	
	9/001	ID#	Deb Me Useper	cousin		
/	120/02	CK#	Damoton. 1A 50441	Com	20.00	
	9/28/	ID#	Roy & Jean arendo			
	/02	CK#	506 State St.	20	100.00	
	Ha	ID#	Charles or Barbara Brow	か		
/	102	CK#	1861 HWY3		50.00	_
	9/201	ID#	Craig Vataleen Donne	lly		
	130/02	CK#	217-112000, 5E	/	100.00	_
	9/2	ID#6087	A Telecommunication Ind	ustry		
	130/02	CK# 1235	90 Ja Tilliam Ussoc, PA	7.	200.00	
	910	ID#	Barby John Heilskow			
	130/	CK#	1483B Olive aue,		70.00	
	10/2/	ID# 1460	Well PACIO. States	n3		
	102	CK# //02	Normoines IA 50309		250.00	
	10/21	ID# 6064	Jowa FORE			
1	1%2	ск# 1708	2525 Douglas ave, Suite 48 Des Moines, 1A 50322		200.00	
				SUB-TOTAL	\$1030	
			TOTAL (if last page	of this schedule)	7,000	

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(for Schedule Á)

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM

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1	19/3/02	ID# (4/55) CK# 3968	Thisayers United POBOX 209 Municipal 14 52761-0	069	\$ 500.00	
1	10/4/02	ID# CK# /	"ay or pathleen Mirida 1921 N. Shore Dr. 50428		100.00	mu
	194/02	ID# CK#	Marian Sanders 585 Healner aul, 000 m. 14 3000/2		10,00	V
1	10/4/02	ID# 6073 ск# 510	Ja. Midical - DAC 1001 Chandaul.		100.00	
	10/4/02	ID# (CK#	Georard Worden		30-00	~
ار	10/6/02	ID# CK#	Robert & fam Grinton 227 15 ave NE Planion 1A 50525		50.00	
1	19/1/02	ID#9626 CK# 1384	The Januarn Clerk 5460-2 Jongview Ct. Normston, 1A 50131		50 0 .00	
/	10/1/02	ID# <i>[6082</i> ск# 183	Mid-Umerecan energy Effectave Cover Committee Obs Conand aug. Box 1557 Des Moines, 14503-3-065	6 -7	200.00	
	10/8/02	ID# 6155 CK# 004023	Taxpayers United POROX 209 MUNATINE, 1A 5271d-0019)	500.00	
	10/10/02	ID#	Richard Pals (Rick) 115,0 Balsam Ave, Ulwander 14 50420		100.00	
			TOTAL (if last page	SUB-TOTAL of this schedule)	\$2090. \$	
	* Disclosure law re committee. Relation	quires candidate committe onship must be shown to t	es to disclose the relationship of any relative making a contribution he third degree of consanguinity (blood relatives) and affinity (relativ	to the ves by	17.	14

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of _____

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)		INCOLII 10
(including cardidate's personal runds)	Псн	ECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMI	ENDING FORM
Wystracja 701 House	L	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
1201	NUMBER ID#	Man A			INCOME
1981	ייטוי	Cale Axim Goranson,	7	\$	
1/02	CK#	14 dd 165th St.	4/	25.00	
10/10/	1D# 6155	Taxagers United	•		
11/02	CK#64054	musiating 14 52761	,	500.00	
101	ID#	Thelma Gates	No 1		
10/10/12	CK#	10 Sharps Circle	Count	100.00	
10/10/	ID#	Of Bradley Calterine	aak		
110/02	CK#	Manan Cturale SO40	/	50.00)
10/	ID#	Jury Barbara Ebber	Ø		
1/10/02	CK#	300-945St James, 14 Soors	0	20.0	ð
10/11/	ID#	Dr. Martha Ryan + Dr. Wal	Bate		
11/02	CK#	Plan Rube, VA SNER)	100.00	D
10/	ID#	addison & Cail Brown)		
7/2/	CK#	18486 Vine aul.		100,00	b
100	ID#	dia danon			
14/2	CK#	2045 Mitchell Sine St.		50.0	h
101	ID#	Dr. Bruse Viana Viana	100		
102	CK#	1038 Fay Meadow Dr.	ve	50.0	7)
10/12/	ID#	Don Furman			
102	CK#	855 11th St. P1		100.07	}
		1 (Sulliva) was 5-10 ft	SUB-TOTAL	\$10950	60

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ___

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

DECEIDTS

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 06/97)	RECEIPTS	
		☐ CHECK THIS BOX IF	
COMMITTER NAME (Must be same as on Statement of Organization)	AME	NDING FORM	
Jameen for Nouse	<u> </u>		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER				INCOME
10/12/02	ID# 6118	Jowa Optometrice (Issne) 1454-304 St. Suite	HC 04	\$	
102	CK# 1852	100M, 1A 50266	,	150.00	
19/21	10#6/55	Parpayers United		_	
11%2	CK# 4094	miscatine 1A 52761	-0069	500-00)
10/51	ID# 6021	Gredit Union PAC 3737 Westown PKwy			
102	CK# 1598	WDM, 14, 50265		500.0	0
10/11	ID#	Marline Mohaska			
119/02	CK#	Carner, Ja 50438		20.0	0
19	ID#	Jean Eichmeier			
115/02	CK#	Commelsoung, 1A SOS3	6	25-00	
10/	ID#	Petra Jampers			
115/02	CK#	Belmond, 1A 5 0/2/		100-00	
19151	ID#	h. Agribusiness Employee	s-14C		
102	CK# 1274	1/10/10/4/10/00/14 <0289		100-00	
Los i	ID#	Charles & many Sukup 2418 Vine ne	ł		
10/17/02	CK#	Dougharty, 1A 50433		50.00	
	1D#	Daniel & Valleil Pennington			
19/17/02	ск#	HOBUROALLANE MASON City, 1A 50401		50.00	
10/ /	ID#	Kevin 1 Renec Riek			
19/11/02	CK#	Kevin 1 Renet Riek 6 College circle mason city, 1A 50401		50.00	
B			SUB-TOTAL	.1645	

TOTAL (if last page of this schedule

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME (Must be same as on Statement of Organization)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 09/97)	EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

L X	meyel	- 101 Douse		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/1/22	ID# CK# 1067	Costathers Aucay 3 Hampton 14	sissa for Vol- unteers after	\$32.01
1/22/02	ID# CK#	5taples 3450 44 St. Sw Mason Cety, 1A	labels paper, for invitations	61.40
12/2	CK# /069 ID#	190 E. 3rd agrnes & 50488	Stamps for fundraise	14,00
1/29/	CK# /	Postmaster 190 E. 3rd Garner, Ja So438	Lindraiser	31.00
8/6/02	CK# /07/	Clear Jake, 1 A SO42	Shone bank	153.70
130/	CK# 72	Postmaster 1908. 3rd Carner, 1450438	stamps	37.00
9/8/	CK# 1074	Haplesty St. SW mason City, 1A So	(name tag) forfund- (b) raiser	8.88
8/16/	CK#/075	255 Nivay 18 W. Carner 14 50438	Candy for Darades	26.45
		•	SUB-TOTAL TOTAL (if last page of this schedule)	\$430.44

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	1	~
Page	of .	<u> </u>

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE/NAME (Must be same as on Statement of Organization)

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

	<u> </u>	Some	reper to	or Holl	<u>U</u>		
	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	EXPEN	DRESS TO WHOM IDITURE nt) WAS MADE	PURPO (DESCRIBE TR.		AMOUNT EXPENDED
L		NUMBER				!	
	8/21/	ID#	2400 4th	57.5W	Candy	for	\$ 21 71
L		1076	Masone	ety, 14 504	of Pura	<u>OUD</u>	31.36
	8/21/	ID#	Target 3450 4t	the St. SW	Thank-	you	21.02
L	102	1077	MasonCi	ety, 14 504	pl cross		21.00
	8/22/	ID#	Bills Fan	mly 700ds	Aura	de	
	102	1078	Dan Mer	In 50438	ca	ndej !	37.03
	8/28,	ID#	Staples 3450 40		Stationar Cardo, es	ry post-	
	102	CK# 1079	Musencia	by 1450401	1 1	11.	125.71
	8/30/	ID#	Biels Fam	uly Foods	parag	le ma	
	102	CK# 1080	Parner, &	a 50438		ruce	31.14
1	9/2/	ID#	Postmas	stee)	Stamps	for	
L	102	1081	Parner	Sa 50438	gunari	riser	185.00
1	9/4/	ID#	Staple	EST.SW	paper KX	nenter	
Ľ	102	CK# 1082	Mason	Ceter 1A	arread	raises	67.82
ĺ	9/8/	ID#	200 News	ay/80.	campaig.	W	
	102	CK#082	Pleas He	ele 1A SUS	Committe	telmta	42,00
_						SUB-TØTAL	\$541,68
					TOTAL (if last page	of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ______ of _____

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTE	NAME (Must be	same as on Statement of Organization)		
1 /	Some	esec to Do	ue l	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/11/02	ID# CK# 1084	Donahue Po Bol 134 Jogan, Ohio 43138	yard	\$1508.00
9/24/02	CK#/085	Desmones, Ja	neuspaper ads-Octobu	2647.20
9/24/02	CK# 1086	VictoryEnterprise	sadioads-	2280.00
9/26/02	ID# CK# 1087	Paper Warehouse 507 4 5t. 5W Manon Cety (AS)	Decrations- fundraises	37.48
9/28/02	ID# CK# 1088	Staples 3450 4th St. SW	Name tago, Tape, marken	18.32
9/28/	ID# CK# 1089	Blue Rose Buck 120 Grove Ave.	g spindraiser	250.00
1921	ID# CK#/090	VictoryEnterpris	e radio	2280 .00
19/3/	ID# CK# /09/	Staples 3450 4th St. 5w.	paper + envelopes -	32,39
			SUB-TOTAL	\$0 112 3

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 3 of 5

TOTAL (if last page of this schedule)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

	COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
		pmees	er For House		
	DATE EXPENDED (MM/DD/YR)	CANDIDATÉ ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	10/4/02	ID# CK# 10 92	Donabues Pg Box 134 Logan, OH 43138	yardsegns	\$1508,00
	19/1/02	ID# CK# 1093	Postmastri 190 E. 3 rd. St. Carner, Ja 50438	Slamps	60.00
	10/1/02	ID# CK# 1094	Postmaster 190 E. 3rd St. Mason City, 1450	Jolls Stamps	74.00
4	10/1/02	ID# CK# 1095	Staples 3450 4 to St. 5W Mayor City, 1A S	envelopes De Lopying	23-31
/	18/02	ID# CK# 1096	Freffield Press	Susscription	85-00
	19/11/	ID# CK# 1097	Patimer Cafe. 110 N. akir St.	Campaign Coffice the	415.00
	10/11/02	ID# CK# 98	Honk Holler 709 Central Que. W.	"meet the cand" lunes	8,48
	10/0/	ID# CK# - 10 9 9	Banker's Corner 120 Gillmanst. Shellield Da	coffee	30.00
				SUB-TOTAL	\$1743,79
				TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ______ of _____

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE					
В	MONETARY				
(Rev. 09/97)	EXPENDITURES				

AMENDING FORM

COMMITTER	COMMITTEE NAME (Must be same as on Statement of Organization)							
		neeger tot	Douse					
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED				
10/12/02	ID# CK# //0/	First Natibank 211 au. NW Hampton, JASA	Tickets for thursen	\$38.00				
1915/02	ID# CK# // <i>O</i> /	Victory Enterpris	es Radio ads	4371.66				
10/14/02	CK# / 1102	390 E. 5 = 5t, Garner, Ja 50438	Stakes 201 Yard signs	93.86				
10/19/02	CK# //03	Narget 3450 4 5t.5W Masson Cety IAS	pictures	5.12				
	ID# CK#	<i>/</i> ·						
	ID# CK#							
	ID# CK#							
	ID# CK#							

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page ______ of ______

SUB-TOTAL

TOTAL (if last page of this schedule)

COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form					E IN KIND CONTRIBUTIONS CHECK THIS BOX IF AMENDING FORM	
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
10/10/02	Republican Party of Sa 621 E. 9 th St. Des Moines, 1A 5630	ン 9 ー	Mailing	s 5,149.75		
			SUB-TOTAL TOTAL (if last page of this schedule)	5,149.75 5,149.75		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

FOR INSTRUC	TIONS, SEE BACK OF FORM				Reset Form	SCHEDULE		
COMMITTEE	NAME (Must be same as on Statement of Organiz	zatioh)	ا ر 2			F (Rev. 08/96)	LOANS RECEIVED & REPAID	
NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.							CHECK THIS BOX IF	
	LOANS FROM <u>LAST</u> REPORTING PERIOD \$	1	,00			AMENDING FORM		
PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)				PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)				
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSH TO CANDIDAT (If Applicable	E* REPAID	
			\$				\$	
4. 								
							~	
	TOTAL (PART I)	\$			TOTAL CASH REPAYMENTS (PAI From Schedule E TOTAL LOANS FORGIVE	-N: &		
				TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$				
*Disclosure law requires candidate committees to disclose the relationship of any relative							-	
making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms						,	,	
packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.				Pageof				